

Weatherford Independent School District Adapted Physical Education Program Guide

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ADAPTED PHYSICAL EDUCATION PROGRAM OVERVIEW

Philosophy

The philosophy of the Weatherford ISD is to provide all students, including those with disabilities, with an appropriate physical education program. Weatherford ISD must ensure that students with disabilities have access to a program that enables them to achieve the same goals in physical education as their non-disabled peers. If special services are required to assist students with disabilities to master these goals, services should be provided directly or under the guidance of an APE consultant.

Definition

Adapted physical education (APE) is an instructional service of a diversified program of developmental activities, games, sports and rhythmical movements suited to the interests, capacities, and limitations of students with disabilities who may not safely or successfully engage in unrestricted participation in the activities of the general physical education program. APE is not a related service. (P.L. 94-142 as amended by P.L. 105-17, 1997)

Goal

All students should be provided functional based physical education on activities to enhance progress at the appropriate level in the areas of psychomotor, cognitive and affective development.

Rationale and Purpose

This guide to APE services will assist teachers in assessing, planning, and implementing their instructional programs that are based on the Texas Essential Knowledge and Skills for Physical Education (TEKS §28.002) as well as annual goals and outcomes/benchmarks of the Weatherford Independent School District. It is designed to provide continuity in the implementation of the Weatherford ISD adapted physical education program.

This guide includes the proper steps in placing a student in an adapted physical education and/or a regular physical education program (RPE). This document adheres to the intent of the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act, and Americans with Disabilities Act and their accompanying amendments.

Quality of Service

The following guidelines should be followed to assure equally effective services for individuals with disabilities:

- a. Quality of educational services provided students with disabilities must at least equal that of services provided students without disabilities.
- b. Teachers of students with disabilities must be competent to provide instruction to students with disabilities.
- c. Services shall be offered in the most normal/integrated settings possible. A program is not equally effective if it results in students with disabilities being indiscriminately isolated or segregated.

Some restrictions to avoid when conducting programs involving students with disabilities include:

- a. Separating students with disabilities categorically from students without disabilities.
- b. Removing students with disabilities inappropriately from the classroom or immediate environments.
- c. Placing students with disabilities indiscriminately into special and/or segregated programs and activities.

Students with and without disabilities should participate together in interscholastic sports, intramural sports, and instructional physical education programs to the maximum degree possible.

Criteria for Placement

Students who can master the TEKS for physical education with or without modifications of methodology do not need an APE evaluation. The ARD committee can make modifications.

Students for whom some or all of the TEKS for physical education are not appropriate will need an APE evaluation. Goals and objectives for PE must be developed as a result of the evaluation. They may include modified TEKS or unique goals specific to the child's need.

The following criteria is used to determine the most appropriate (least restrictive) physical education placement

- a. Results of physical and/or motor assessments.
- b. Psychomotor, cognitive, and affective factors that would impact the student's ability to successfully and safely participate in regular physical education.

- c. Capability of the student to benefit from an APE program, include such considerations as: ability to understand cause and effect; demonstration of emotional behavior to benefit from one-on-one instruction; capability for voluntary movement; ability to interact with another person. (Note: If a student does not meet these minimum criteria, motor goals will be provided and addressed by other qualified personnel.)

Referral Procedures

Step 1: Physical education teacher or classroom teacher make referral in an ARD committee meeting due to suspected motor/physical and/or medical conditions, that prohibit the physical education TEKS from being met. (Note: If TEKS can be met with modifications, no APE evaluation is needed.)

Step 2: Diagnostician has parents sign an APE consent form and sends it to Special Services Office.

Step 3: APE consultant receives consent.

Step 4: APE consultant completes WISD APE assessment then contacts the diagnostician.

Step 5: Diagnostician sets up ARD meeting to discuss assessment.

Step 6: ARD committee decided appropriate placement.

Step 7: If eligibility is established APE services will begin.

Placement in Appropriate Program

Laws require that physical education be provided in the least restrictive environment. The intent of the law is not to mainstream or include every student in need of specially designed programs into the regular physical education program, but rather to provide a continuum of services that would provide the most appropriate educational setting for that student.

Appropriate education should be developed around the student's needs. IDEA requires that an Individual Education Plan be developed for each student. The IEP should be developed by more than one individual, preferably a multidisciplinary team of individuals who are qualified to assess students and make recommendations based on their assessments. The purpose of the IEP multidisciplinary team is to determine the appropriate placement for the student for each subject, including physical education. IDEA specifies that the team consist of at least one individual from each of the following roles:

- a. parents,
- b. student's teacher(s)
- c. representative of the school other than the student's teacher
- d. individuals at the discretion of the school or parent(s), and
- e. student, when appropriate

Continuum of Services

Level 1: Regular Physical Education (RPE)

- a. RPE teacher feel comfortable working with the student with disabilities with no ongoing staff support.
- b. Student with disabilities can make necessary modifications on their own. (Note: APE consultant may meet periodically with RPE teacher to ascertain the student's progress and the teacher's comfort level.)

Level 2: RPE with an APE Consultation

- a. No direct assistance needed for the student .
- b. Support personnel (para-educators, peer tutors) assist student with disabilities. (Note: APE teacher is responsible for training support personnel. Level of APE consultation can vary.)

Level 3: Self- Contained APE

- a. APE provided by the APE consultant.
- b. APE provided by the classroom teacher. The APE consultant provide consultation and training.

Appendix A: Adapted Physical Education Forms

WEATHERFORD INDEPENDENT SCHOOL DISTRICT
DEPARTMENT OF SPECIAL PROGRAMS

602 W. WATERS STREET
WEATHERFORD, TX 76086

PHONE: (817) 598-2844
FAX: (817) 598-2957

**ADAPTED PHYSICAL EDUCATION
ASSESSMENT REFERRAL**

Student Name: _____

Teacher: _____

Campus _____

Grade/Program: _____

Referral Date: _____

SIGNED CONSENT FORM: YES
 NO

WEATHERFORD INDEPENDENT SCHOOL DISTRICT
DEPARTMENT OF SPECIAL PROGRAMS

602 W. WATERS STREET
WEATHERFORD, TX 76086

PHONE: (817) 598-2844
FAX: (817) 598-2957

DATE SENT: _____

**CONSENT FOR FULL INITIAL AND INDIVIDUAL EVALUATION
ADAPTED PHYSICAL EDUCATION**

STUDENT NAME: _____ **GRADE:** _____ **DOB:** _____ **AGE:** _____

ADDRESS: _____ **CAMPUS:** _____

_____ **HOME PHONE:** _____

PARENT/GUARDIAN: _____ **WORK PHONE:** _____

You have received the **NOTICE OF FULL INITIAL & INDIVIDUAL EVALUATION.**

We need your permission to test your child/you to find out what your child's/your educational needs are.

Please check the appropriate box by each statement, sign your name, and date and return this form to the school as soon as possible.

YES **NO**
 I have been fully informed and understand the evaluation process and why it has been recommended for my child/me. If NO, please explain: _____

 I have been given the name and telephone number of a school staff member whom I may call if I want more information or if I have any questions. If NO, please explain: _____

 I give my permission for the testing that has been recommended for my child/me. If NO, please explain: _____

 I understand that my consent for evaluation is voluntary and may be revoked and may be revoked at any time. If NO, please explain: _____

 I have been informed in my native language or other mode of communication.

 I give my permission for testing to begin immediately by waiving the required five school day waiting period between notice of evaluation and initiation of the evaluation.

Signature of Parent, Guardian, Surrogate Parent, or Adult Student

Date

Signature of Interpreter, if used

Date

Please return this form to _____ at _____ as soon as possible.

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MODIFICATIONS FOR ADAPTED AND REGULAR EDUCATION

Student's Name: _____

DOB: _____

Grade: _____ Campus: _____

ID: _____

ADAPTATION OF EQUIPMENT: CHANGE

- Size
 - Shape
 - Texture
 - Weight
 - Specialized equipment
 - Other: _____
- _____

MODIFICATION OF INSTRUCTION: PROVIDE

- Short Instruction
 - Opportunity to repeat instructions
 - Instructional aids
 - Multisensory information
 - Immediate feedback
 - Positive reinforcement
 - Check for understanding
 - Encourage participation
 - Adjust teacher/pupil ratio
 - Other: _____
- _____

BEHAVIOR MANAGEMENT

- Clearly define limits
 - Frequent reminder of rules
 - Supervision during transition
 - Implementation of behavior contract
 - Positive reinforcers such as: _____
- _____
- Other: _____

ADAPTATIONS FOR MOTOR DEFICITS

- Strength, endurance, and power
 - Balance and agility
 - Coordination and accuracy
 - Flexibility and fluency
 - Other: _____
- _____

GRADE LEVEL PLACEMENT

- Below grade level
- At grade level
- Above grade level

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DEPARTMENT OF SPECIAL PROGRAMS**

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**ADAPTED PHYSICAL EDUCATION INSTRUCTIONAL SERVICES
INDIVIDUAL EDUCATION PROGRAM (IEP) AND PROGRESS REPORT**

Draft, Date: _____

Accepted by ARD, Date: _____

NAME OF STUDENT _____

CAMPUS _____

GRADE _____

Duration of services: _____ to _____
(M/D/YR) (M/D/YR)

POSITION RESPONSIBLE FOR IMPLEMENTATION _____

PRESENT LEVELS OF EDUCATIONAL PERFORMANCE:

Measurable Annual Goal: _____

Location for implementation: _____

Language of delivery: _____

ESL: YES NO

BENCHMARKS/SHORT-TERM OBJECTIVES	Level of Mastery	Evaluation Procedure	Schedule of Evaluation	Evaluation Code			Evaluation Code		
				Date Code	Date Code	Date Code	Date Code	Date Code	Date Code

Evaluation Procedure Codes:

- | | |
|------------------------|-----------------------|
| 1. Teacher-made Tests | 6. Portfolios |
| 2. Observations | 7. Unit Tests |
| 3. Weekly Tests | 8. Standardized Tests |
| 4. Work Samples | 9. Brigance/CLASS |
| 5. Student Conferences | 10. Other |

Evaluation Codes:

- NYI = Not Yet Introduced
I = Introduction of skills
NP = No Progress
SP = Some Progress
GP = Good Progress
AM = Almost Mastered
M = Mastered

The student is making sufficient progress to enable him/her to achieve this measurable annual goal by: _____ (ending date)

- | | |
|--------------------------|--|
| YES | NO (IF, NO EXPLAIN) |
| <input type="checkbox"/> | <input type="checkbox"/> 1 ST REPORTING PERIOD: |
| <input type="checkbox"/> | <input type="checkbox"/> 2 ND REPORTING PERIOD: |
| <input type="checkbox"/> | <input type="checkbox"/> 3 RD REPORTING PERIOD: |
| <input type="checkbox"/> | <input type="checkbox"/> 4 TH REPORTING PERIOD: |
| <input type="checkbox"/> | <input type="checkbox"/> 5 TH REPORTING PERIOD: |
| <input type="checkbox"/> | <input type="checkbox"/> 6 TH REPORTING PERIOD: |

Criteria and schedule must allow for determining student's eligibility in extracurricular activities.
The student's parents will be informed of their child's progress at least as often as parents of non-disabled students.

DEPARTMENT OF SPECIAL PROGRAMS

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**Adapted Physical Education
Report to Parent**

Student Name	Date

WEATHERFORD INDEPENDENT SCHOOL DISTRICT
DEPARTMENT OF SPECIAL PROGRAMS

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**Adapted Physical Education
Report to Parent**

Student Name	Date

Appendix B: Federal and State Statutes